

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 13 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003876 AF

DOCUMENT # **L99000000125**  
1. Entity Name  
**SAS PROPERTIES, L.L.C.**

Principal Place of Business      Mailing Address  
**251 CRANDON BLVD., #533**      **251 CRANDON BLVD., #533**  
**KEY BISCAIYNE FL 33149**      **KEY BISCAIYNE FL 33149-1562**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**251 CRANDON BLVD #533**  
City & State      City & State  
**KEY BISCAIYNE FL.**  
Zip      Country      Zip      Country  
**33149**      **USA**

4. FEI Number      Applied For  
**05-0900321**       Not Applicable  
5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ATRIUM REGISTERED AGENTS, INC.**  
**1500 SAN REMO AVENUE, SUITE 125**  
**CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent  
Name      **THELMA F KRIGSTIN**  
Street Address (P.O. Box Number is Not Acceptable)      **251 CRANDON BLVD #533**  
City      State      Zip Code  
**KEY BISCAIYNE FL FL 33149**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE      *Thelma F. Krigstin*      **SELF**      DATE      **MAR 20/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**400003239714--9**  
**-05/04/00--01076--003**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME	<b>MEM KRIGSTIN, THELMA F</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>251 CRANDON BLVD., #533</b>
CITY- ST- ZIP	<b>KEY BISCAIYNE FL 33149</b> } MGR
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY- ST- ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:      *Thelma F. Krigstin*      **Thelma F. Krigstin**      DATE      **MAR 20/2000**      DAYTIME PHONE #      **305 361 0869**

16661 (11/01/99)